

NATIONAL Assessment Centre Services

(and 1 Jaring)

1 MAY 19097280

Date In: 25/07/2017 11:43	Job description	Date & Time Completed	Done by
Ref No: NBA/CPJ/90/3113/4	SAS e-filing		
Veh No: PC 5621 Y	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 24/07/2019 09:55	I-Motor Claim Form		
OD TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / MNC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SCH 55229

INC () / Non-INC ()

Tel:

Owner / Driver: (

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (%) [Note: Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: (

Warranty: YES () / NO ()

Excess: (\$

Landing: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairs.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:

(INC) No line: 6788/6618

Date & Time Completed:

Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury:

Date/Time:

Actions:

NBA1905558

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Assessor's Comments:

Calculated:

Chk 2/3:

1/1/1

Invoice Preparation Checklist

Ami (\$)

In Bill

Ami (\$)

Add Bill

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100): INC (\$80)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idm DA + SMRT Survey \$160

8) NTUC Additional Services:

9) N12: Idm Mobile

* N3: Courtesy Car / Tpt Allowance \$5

* N6: Repair Co-ordination \$10

* N7: Post Repair Inspection \$25

* N8: DV / Collect Excess Coordination \$3

* N9: TP (N-in INC) against INC \$20

* N10: TP (N-in INC) against INC \$0

Invoice dated

Pen Charged

Fee Charged

07-MAY-2018 16:39

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	25/07/2019 11:43
Date Of Accident	24/07/2019 09:55
Exact Location Of Accident	CTE TOWARDS CLEMENCEAU AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5621Y
Insured/Policyholder	
Name Of Registered Owner	SKO LIMOUSINE SERVICES
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98215057
Alternative Phone No	OFFICE-98215057

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 COMMUTER GL (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES

Are you claiming under your own insurance policy for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

BUS

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3085301801
Cover Note Number	

Driver

Name of Driver	ONG ZEMING
NRIC No	S8743765E
Date Of Birth	11/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	11/04/2013
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98215057
Fax Number	
Contact Number	OTHERS-98215057
Email Address	NOEMAIL

Address	BLK 117 BEDOK NORTH ROAD #08-229
Postcode	460117
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190724/2087

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH5522T
Vehicle Make/Model/Colour	MITSUBISHI OUTLANDER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOSEPHINE
NRIC/Passport Number	
Contact Number	97690560
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ONG ZEMING
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	PC5621Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

(A) PC56214

(B) SLH SS22T

CTE towards Clevelea Ave



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report

7/20/2024/2087

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Police Officer's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

25/07/2024
Rosh
[Signature]



**SINGAPORE
POLICE FORCE**



T/20190724/2087

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20190724/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/07/2019 13:31	Vide Report No.:	Station Diary No.: 52
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Informant's Particulars

Name of Informant: ONG ZEMING			Address: APT BLK 117 BEDOK NORTH ROAD #08-229 SINGAPORE 460117		
ID Type / ID No.: NRIC NO / S8743765E			Contact No.: Home/Office: Mobile: 98215057		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 11/06/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/07/2019 09:55	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY CLEMENCEAU AVENUE Overhead bridge before the tunnel to Clemenceau Avenue				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC5621U	Bus/Coach/Mi nibus	TOYOTA	HIACE COMMUTER GL 3.0 AUTO	White	Slightly Damaged	3
SLH5522T	Car	MITSUBISHI	OUTLANDE R 2.4 CVT AWD S/R FACELIFT	Brown		0



Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20190724/2087

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG ZEMING	ID No.	S8743765E
Related Vehicle	PC5621U (Bus/Coach/Minibus)	Contact No.	98215057
Hospital/Clinic	SIN MIN CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	24/07/2019	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	JOSEPHINE	ID No.	NIL
Related Vehicle	SLH5522T (Car)	Contact No.	97690560
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 24 July 2019 at 9.58am, I was driving my private company bus (PC5621U) on the left lane along AYE towards CTE. The traffic was moderate; however, it was raining heavily.

As I was travelling at the overhead bridge before the tunnel, the vehicle in front of me came to a stop. I followed suit. Suddenly, I felt an impact from the rear. A car (SLH5522T) had collided into my bus. The collision caused my bus to sustain a dent on the rear. At that point of time, no one was injured.

At about 1pm, I felt pain on my neck and back. I went to seek medical attention at Sin Min Clinic and was given 7 days medical leave until 30 July 2019.

I have an in-car camera installed in my bus. I am lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20190724/2087

3 of 3

Report No. T/20190724/2087

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 3 NUR MARISSA SYAQILA BINTE SAMSAIDI	
Signature Of Interpreter: Not applicable	SN 061
Officer In Charge Of Case: TP / AEIT / Sgt 3 KOH CHEE SENG, KEVIN Contact No.: 65472073	

Signature Of Informant:
Date/Time: 24/07/2019 13:31
Classification Of Case:

Authentication Stamp
NP168

Date of Accident : 24/07/19 Accident Time: 09:55hrs (24-HR-FORMAT)
 Accident Place : CTE Towards Clemenceau Ave
 Vehicle Reg. No (Car plate No.) : PC56214
 Vehicle Make/Model : Toyota Hiace High roof.
 Insurance Company : China Taiping Policy No. 0MB1SN3085701801
 Owner or Company Names /IC NO: S/Ko Limousine Services
 Owner or Company Contact No. : 98215057 Owner's HP _____ Company Tel _____
 DRIVER'S Name & IC no. : ong zeming /58743765E
 DRIVER'S Date of Birth : 11/06/1987 DRIVER'S License Pass Date 11/06/13
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : #117 117 Bedok North Road #08-229 (S) 460117
 DRIVER'S Contact No./ Alt No. : 1) 98215057 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc) Bus driver
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Ins
 Number of Passengers (including Driver): 3 female

Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SUH 5522T</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>Mitsubishi Outlander 2.4 CVT</u>	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC NO. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity No: S8743765E

ONG ZEMING (WANG ZEMING)

For LKK/NAC Use Only

Birth Date: 11 Jun 1987

Valid Date: 11 Apr 2013

002170302E

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8743765E

For LKK/NAC Use Only

ONG ZEMING

王泽明

Race: CHINESE

Date of birth: 11-06-1987

Country/Place of birth: CHINA

Sex: M

S8743765E

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S8743765E

Name: ONG ZEMING (WANG ZEMING)

For LKK/NAC Use Only

Issue Date: 3/11/2016

Please visit www.lta.gov.sg to check the status of this vocational licence

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 1B	Motorcycles <= 200 CC	14 Jan 2015
Class 2	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	11 Apr 2013
Class 4	Heavy motor cars and motor tractors > 2500 kg	27 Jan 2014
Class 5	Motor vehicles > 7230 kg not constructed to carry any load	12 Jan 2015

For LKK/NAC Use Only

S8743765E

S / No. 9000213295



NP 428A

5772900

NRIC No. S8743765E

For LKK/NAC Use Only

Date of issue: 25-07-2017

Address: APT BLK 117 BEDOK NORTH ROAD #08-229 SINGAPORE 460117

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	03/11/2016
04	BUS ATTENDANT	03/11/2016

For LKK/NAC Use Only





中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MOTOR PRIVATE BUS

MZ601
R SN
AN0597A
Cov.Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No

DMB1SN3085301801

Engine No :1KD2579901

Chano:KDH2230026494

1. Index Mark and Registration
Number of Vehicle

PC5621U

AUTOSAFE

2. Name of Policy Holder

SKD LIMOUSINE SERVICES

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

09 November 2018

Excess Sect I S\$1,500.00

Excess Sect. II S\$3,000.00

4. Date of Expiry of Insurance

08 November 2019

EX ON WINDSCREEN S\$100.00

5. Persons or Classes of Persons entitled to drive*

Any person provided he is in the policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor vehicle.

6. Limitations as to use:

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the schedule.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : LIAN HONG PTE LTD AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify

that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

SG MOTOR TRADER PTE LTD

Reg No. 201537467C

172 Sin Ming Drive

Singapore 575720

Tel: 6933 9400 Fax: 6456 0678

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: SG MOTOR TRADER PTE LTD
Authorised Officer

Authorised Signatory

3 Anson Road #15-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com